

New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

Application for a Daffa Licence

Application No. RA

	ppiituiioii ior			on No
S	ubmit four (4) copies of this application	n to the Municipal Clerk's offic	e in the municipality where th	ne games will be conducted.
Please	print clearly.			
Na	ame of municipality:			
Part	A - General	Z. THE	12 15	
1.	Name of applying organization:	0/		
2a.	and the same of th			
b.	Mailing address (if different):			1
3.	A license is requested to conduct ra (use a separate application for each	affles of the kind stated on the h type of raffle).	e date, or on each of the date	es, and during the hours listed
	Date	Hours	Date	Hours
				#//
10	113			ē// ===
4a.	Address of place where raffles will	be played:	7	7
b.	Does the applicant own the premis	ses or regularly occupy them	for its general purposes?	☐ Yes ☐ No
5.	If raffles equipment is to be rented,		1. 1.11.	is application on Form 13.
	B - Schedule of Expenses			
The i	tems of expense intended to be inciesses of the persons to whom each it	urred or paid in connection tem is to be paid, and the pur	with the games listed in thi rpose for which each item is	s application, the names and s to be paid, are:
	Item of Expense	Name and address	of supplier	Purpose
_				
_				

Part C -	Schedule o	f Purposes	

The specific purpose(s) to which the entire net promanner in which they are to be so devoted, are:	urpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the ich they are to be so devoted, are:				
2. If any part of the net proceeds are to be devoted to over to another organization which is exclusively executive officer to the following certificate:	o a purpose allowed by the Raffles Licensing Law by turning the san levoted to such purposes, secure the signature of its president or oth	ıе er			
"It is hereby certified that					
	Name of organization oceeds of the games listed in this application to be turned over to it."				
Date:	Signature:				
lescribe the article and state the retail value; if prizes ible the information requested below.	of the games listed in this application is as follows. For merchandis are to be donated, indicate that fact and estimate as accurately as po	e, ·s-			
Description of Prize	Donated (Yes or No) Retail value				
	Yes				
	Yes				
	Yes				
	□ Yes □ No				
¥					
	Yes				
9					
-	Yes				
	Yes No				
	Yes				
	Yes				
	Yes				
·	Yes				
,					
					
	Yes				

Residence address Telephone No. (include area code) Day Evening (2) OfÂce Name of ofÂcer Residence address Telephone No. (include area code) Day Evening (3) OfÂce Name of ofÂcer Residence address Telephone No. (include area code) Day Evening (4) OfÂce Name of ofÂcer Age Residence address Telephone No. (include area code) Day Evening Residence address Telephone No. (include area code) Day Evening Residence address Telephone No. (include area code) Day Evening Residence address Telephone No. (include area code) Day Evening Residence address Name of member in charge Residence address Residence address Residence address Residence address Age Residence address Age Residence address Age Residence address Age	(1) OfÄce	Name of ofÄd	cer		Age
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Residence address Telephone No. (include area code) Day Evening (3) OfÂce Name of ofÂcer Residence address Telephone No. (include area code) Day Evening (4) OfÂce Name of ofÂcer Age Residence address Telephone No. (include area code) Day Evening Part F - Members of Applicant who will be in charge of the games Name of member in charge Residence address Telephone No. (include area code) Day / Evening Age Day / Evening Age Age Age Name of members of Applicant who will assist in conducting the games Name of member Residence address Age Age Age Age Age Age Age		Day	Evening		
Day	(2) OfÄce	Name of ofÄc	er		Age
Residence address Telephone No. (include area code) DayEvening	Residence address	Telephone No	D. (include area code)		P <u></u>
Residence address Telephone No. (include area code) DayEvening		Day	Evening		
DayEvening	(3) OfÄce	Name of ofÄc	eer		Age
Residence address Telephone No. (include area code) Day Evening Part F - Members of Applicant who will be in charge of the games Name of member in charge Residence address Telephone No. (include area code) Day / Evening Age Day / Evening Age Age Age Age Art H - Names of other organizations whose members will assist in conducting the games	Residence address	Telephone No). (include area code)		
Residence address Telephone No. (include area code) DayEvening		Day	Evening		
Residence address Telephone No. (include area code) DayEvening	(4) OfÄce				Age
Name of member in charge Residence address Telephone No. (include area code) Age Day / Evening Part G - Members of Applicant who will assist in conducting the games Name of member Residence address Age Part H - Names of other organizations whose members will assist in conducting the games		Telephone No). (include area code)		
Name of member in charge Residence address Telephone No. (include area code) Day / Evening / / Part G - Members of Applicant who will assist in conducting the games Name of member Residence address Age Part H - Names of other organizations whose members will assist in conducting the games					
Part G - Members of Applicant who will assist in conducting the games Name of member Residence address Age Part H - Names of other organizations whose members will assist in conducting the games			Telephone No	(include area code)	Age
Part G - Members of Applicant who will assist in conducting the games Name of member Residence address Age Part H - Names of other organizations whose members will assist in conducting the games				_/	
Part G - Members of Applicant who will assist in conducting the games Name of member Residence address Age Part H - Names of other organizations whose members will assist in conducting the games					
Name of member Residence address Age				/	_
Name of member Residence address Age	Part G - Members of Applicant who will a	ssist in conducting the games	ii.		
					Age
	Part H - Names of other organizations wh	ose members will assist in co	nducting the games		
				IdentiÄcation	No.
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Part I - Statement of Applicant and member(s) in charge State of New Jersey } ss. County of We do hereby each make the following statement, under oath, with respect to the foregoing application: 1. The applicant (is) (is not) limited in its activities to the 5. For each occasion for which alicense is sought, one or more of furtherance of one or more authorized purposes as deÄned the members listed who are familiar with the RafAes Licensing in the RafAes Licensing Law. Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving 6. No commission, salary, compensation, reward or recompense one or more "authorized purposes." will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the 3. The applicant has received and used, and in good faith games, except to bookkeepers or accountants for professional expects to continue to receive and use, to further one or services not exceeding the amounts Axed by the Schedule more authorized purposes, funds from sources other than of Fees, as well as the compensation for the Licensed games of chance. Compensated Workers pursuant to N.JA.C. 13:47-6A. No The conduct of the games on the occasion or occasions for prize may be offered and given in cash, except as otherwise which this application is made will be to raise and devote provided by the RafAes Licensing Law (N.JSA. 5:8-50 et seg.). the entire net proceeds to the authorized purpose described If a cash prize under certain circumstances is permitted by the in the application. law, the amount of the cash prize may not exceed the limits prescribed by the RafAes Licensing Law. 7. All statements in the foregoing application are true. Sworn and subscribed to before me this Signature of OfAcer and Title _day of ______ , 20 ____ Signature of Member-in-Charge Notary Public (Print name) Signature of Member-in-Charge Sanature of Notary Public

If more space is needed in any section of this application, insert extra sheets of paper.

Affix seAl here

Signature of Member-in-Charge

Sgnature of Member-in-Charge



BOROUGH OF ATLANTIC HIGHLANDS COUNTY OF MONMOUTH

LGCCC AFFIDAVIT

NOTE: All members listed in Parts E & F of Raffle/Bingo Application must file an Affidavit.

(Please Print)

1)	, associated with	the
organization	having	g the
LGCCC registration number of	do s	olemnly
swear (or affirm) that I am of good m	noral character and that I have	e never
been convicted of a crime. I understand the	at a copy of this Affidavit will b	e made
part of the Raffle Application and may be fo	rwarded to the State of New	Jersey's
Department of Law & Public Safety Le	galized Games of Chance	Control
Commission.		
(Signature)	(Date)	
Notarized by:		
(Notary Public of New Jersey)	(Date)	
(. Totally Fulling of Front dollary)	(Dail)	
My commission expires on		
{Apply Notary Seal Here}		